BEST AVAILABLE COP

									Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECO									•		_ / <	. —
Effective October 1, 2000									098	<u>'</u> 3	268	<u> </u>
CLAIMS AS FILED - PART I								MALL E	ENTITY		OTHER	THAN ?
Т	OTAL CLAIMS		(Column 1) (Colum			ımn 2)	T	YPE [OR	SMALL	ENTITY
				8,				RATE	FEE		RATE	FEE
FÒR			NUMBER	FILED	NUME	NUMBER EXTRA			E 355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			& mi	nus 20=	• •			X\$ 9=	1. 17.	OR	X\$18=	外後
INDEPÉNDENT CLAIMS			1 m	inus 3 =	,	A	Γ	X40=		OR	X80=	
ΜŲ	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					سن		18	270	1134
* If the difference in column 1 is less than zero, enter "0" in column 2							L	+135=		OR	+270=	101.04
and the second s								TOTAL		OR	TOTAL	7/0
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL	M
A.	1 1 . 1	CLAIMS REMAINING		HIGHI NUME	EST	PRESENT	Г		ADDI-		S SYNCE	(ADDI⊋
AMENDMENT	3.7	AFTER AMENDMENT		PREVICE PAID	USLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	. 19	Minus	2	Ø.		3	X\$ 9=	1500		*X\$18=¢	
N N	Indépendent	. 2	Minus		3	=	· -	20 (1) (1) (1) (2) (2) (3) (3) (3) (3)	1.58 SA	OR	CONTRACT.	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X40=		ÖŔ	*}X80 <u>≡</u> 34	
								+135=		ÖR	+270≕	
				Δ.	TOTAL DIT. FEE		OR	TOTAL ADDIT FEE				
غوب	(Column 1) (Column 2) (Column 3)						,	,511.1 CC				***
8		CLAIMS REMAINING		HIGHI NUME PREVIO PAID I	BER DUSLY	PRESENT	Γ		ADDI-			ADDI-
EN		AFTER AMENDMENT				EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
DMENT B	Total	. 20	Minus	70	J		-	X\$ 9=		OB	X\$18=	100
AMEN	Independent	.2	Minus	***	3	=	-	X40=		ΟĦ	×80±	
۲	FIRST PRESE	RST PRESENTATION OF MULTIPLE DEPENDENT CLA		CLAIM	CLAIM		X40=		OR	X80±		
	*						L	+135=		OR	· +27 0=	*
							AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FÆE	
		(Column 1)		(Colun		(Column 3)					. ,	<u> </u>
ပ		CLAIMS REMAINING		HIGHI NUME	BER	PRESENT			ADDI-			ADDI-
ENJ		AFTER AMENDMENT		PREVIO PAID F		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT C	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	1 6 6
	Independent	•	Minus	***		=		X40=				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							∧40 =		OR	X80=	• ,
• 1	f the entry in ection	mn 1 io loss than th			HON: :			-135= 		OR	+270=	· .
**	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

1	CLAIMS AS FILED - PART ((Column 1) (Column 2)								ENTITY		OTHER THAN			
1	TOTAL CLAIR	T (COR	(Coldina) ()		(Column 2)		TYPE	<u> </u>			L ENTITY			
lt	FOR	<u> </u>	NI IMB	ED EII ED	AILIL	DED EVIDA	4	RATE BASIC F		_	RATE			
╟	TOTAL CHARGEABLE CLAIMS			NUMBER FILED		NUMBER EXTRA				0	R BASIC FE	E 740.00		
II-	ļ — — — — — — — — — — — — — — — — — — —			minus 20=	*			X\$ 9=	-	o	R X\$18=			
II-	INDEPENDENT CLAIMS			minus 3 =				X42=	1	Ol	X84=			
L	MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OF	+280=	1		
*	* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OF	`l			
	CLAIMS AS AMENDED - PART II									-1 ~'		THAN		
Г		(Column 1) (Column 2) (Column 3 CLAIMS HIGHEST						SMALL ENTITY OR SMALL ENTITY						
Ž		REMAINING AFTER		NUMB PREVIOU	ER USLY	PRESENT EXTRA		RATE	-I.ADDI- TIONAI		RATE	ADDI- TIONAL		
AMENDMENT	Total :	AMENDMENT	Minus	PAIDF	OR		-		FEE	-{	ļ	FEE		
Ä	Independent	1 3	Minus	1 ***	\frac{1}{5}	=	-	X\$.9=	 	OR	X\$18=			
₹	FIRST PRES	ENTATION OF M	_1	i	CLAIM		_	X42=	 	OR	X84=			
:	•							+140=.		OR	+280=			
		1					· AD	TOTAL DIT. FEE		OR	TOTAL ADDIT: FEE			
		(Column 1)	TV Transfer	(Column		(Column 3)								
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	`		
AME.	Independent	*	Minus	***		=		X42≈		OR	X84=			
	FIRST PRESE	ENTATION OF MI	JLTIPLE DE	PENDENT C	LAIM		上	440	·	1 1				
		· .					L	140= TOTAL		OR	+280= TOTAL			
		70			1 1		ADI	OIT. FEE	-	OR	ODIT, FEEL			
,		(Column 1). CLAIMS		(Column Highes	T	Column 3)	Ė		4551	1 · P	· 、			
- AMERICAN I		REMAINING AFTER AMENDMENT		NUMBEI PREVIOUS PAID FO	SLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	4*		=	7	(\$ 9=	1 1 1 1	OR	X\$18=	166		
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· H	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							140=	;	OR	+280=			
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE ADDIT. FEE														
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														